Complete Summary

GUIDELINE TITLE

Evidence-based protocol. Advance directives.

BIBLIOGRAPHIC SOURCE(S)

Weiler K, Garand L. Evidence-based protocol. Advance directives. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 1999. 35 p. [17 references]

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

End-of-life condition(s)

GUIDELINE CATEGORY

Management

CLINICAL SPECIALTY

Critical Care
Nursing

INTENDED USERS

Advanced Practice Nurses
Nurses

GUIDELINE OBJECTIVE(S)

- To encourage end-of-life health care decision making through education and discussion about preparation of an advance directive
- To assist health care personnel when facilitating informed decision-making by patients making choices about end-of-life care

TARGET POPULATION

Adult patients, age 18 or older

INTERVENTIONS AND PRACTICES CONSIDERED

1. Determine if the patient has a written advance directive using assessment criteria.
2. Manage the establishment of a Living Will; manage the review of an existing Living Will.

MAJOR OUTCOMES CONSIDERED

1. The percentage of patients who have been asked about advance directives.
2. The percentage of charts that note whether a patient does or does not have an advance directive.
3. The percentage of staff who are comfortable or satisfied with the role of advance directives in patient care decisions.

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Not stated

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Expert Consensus

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Not applicable

METHODS USED TO ANALYZE THE EVIDENCE

Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

After this protocol was completed, it was sent to two content experts for external peer review. After the review, the authors made changes according to the suggestions of the peer reviewers.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Excerpted by the National Guideline Clearinghouse (NGC)

Assessment Criteria (see Appendix D1-D3 in the original guideline document for assessment tools)

1. Determine the individual's age.
2. Assess the individual's primary language and ability to communicate about advance directives.
3. Assess individual's capacity to make health care treatment decisions.
4. Determine if the individual has an advance directive.
5. If yes, ask for a copy and document location of copy in health care record.
6. If no, assess individual's knowledge of advance directives.
7. Determine if the individual wishes to complete an advance directive.
8. If yes, refer to appropriate health care facility resources.
9. If no, document results of advance directive assessment in health care record.

Description of the Practice

If a Living Will has been completed and/or health care proxy has been designated:

a. Verify that the documents can be easily located in the patient's chart and are in close proximity to the patient (e.g. not in the records department or safety deposit box).
b. Ascertain if the attending physician/nurse knows of the document's existence and have a copy.
c. Determine if the designated health care proxy has a copy of the documents.
d. Establish that the document has been recently reviewed by the patient, attending physician/nurse, and proxy. If not, review document with patient so that you know what it means and the patient does also.

If a Living Will and/or durable Power of Attorney has not be executed:

a. Give the patient (and if appropriate, family or significant others) verbal, written, audio or video information about advance directives.
b. Determine if the patient would like to involve family or other significant individuals (e.g. homosexual partners, close friends, clergy) in discussions about advance directives.
c. Have a conversation with the patient (and others, as appropriate) about advance directives while being sensitive to the patient's values, culture, ethnicity, and religion when discussing end-of-life care issues. Feelings about these issues can substantially influence decisions to complete advance directives.
d. Be sensitive to the patient's (and other's) fears about death in discussions about advance directives.
e. Respect each patient's right not to complete advanced directives.
f. Inform patients (and others, as appropriate) that you will not abandon them or provide substandard care if they elect to formulate advance directives.
g. Know the health care agency's policy related to resolving conflict between the patient, family members, and significant others or the patient/family/significant others and health care providers. This may include consultation from the social service or psychiatric department, a patient advocate, or an ethics committee.
h. Help the patient execute an advance directive if requested.
i. Place a copy of the advance directive document in the patient's chart and make it available to the attending physician, nurse, and health care proxy or document the patient's desire to not complete an advance directive.
j. Make suggestions to patients about where to keep advance directives and to whom to give copies.

CLINICAL ALGORITHM(S)

An algorithm is provided for advance directives.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of evidence is not specifically stated for each recommendation.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

1. The percentage of patients who have been asked about advance directives increased.
2. The percentage of charts that note whether a patient does or does not have an advance directive increased.
3. The percentage of staff who are comfortable or satisfied with the role of advance directives in patient care decisions increased.

Subgroups Most Likely to Benefit:

Older adults

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This evidence-based practice protocol is a general guideline. Patient care continues to require individualization based on patient needs and requests.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

End of Life Care

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Weiler K, Garand L. Evidence-based protocol. Advance directives. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 1999. 35 p. [17 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

1999

GUIDELINE DEVELOPER(S)

University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core - Academic Institution

SOURCE(S) OF FUNDING

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GUIDELINE COMMITTEE

University of Iowa Gerontological Nursing Interventions Research Center Research Development and Dissemination Core

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

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Series Editor: Marita G. Titler, PhD, RN, FAAN.

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

ENDORSER(S)

Not applicable

GUIDELINE STATUS

This is the current release of the guideline.

An update is not in progress at this time.

GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available from the University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core, 4118 Westlawn, Iowa City, IA 52242. For more information, please see the University of Iowa Gerontological Nursing Interventions Research Center Web site.

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This summary was completed by ECRI on July 24, 2000. The information was verified by the guideline developer as of August 24, 2000.

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